

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10-799-405**  
APPLICANT(S)

FILING DATE **03-11-04**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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31	1					
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33		1				
34		2				
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50						
TOTAL IND.	1					
TOTAL DEP.	4					
TOTAL CLAIMS	5					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						